

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09 913449

**CLAIMS AS FILED - PART I**

|  | (Column 1)    | (Column 2)   |
|--|---------------|--------------|
| TOTAL CLAIMS   | 30            |              |
| FOR  | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS  | 28 minus 20 = | 1574         |
| INDEPENDENT CLAIMS   | 1 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

6-1-04

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 30                               | Minus 35                           | -             |
| Independent   | 1                                | Minus 3                            | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 30                               | Minus 35                           | 0             |
| Independent   | 1                                | Minus 3                            | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 33                               | Minus 35                           | 0             |
| Independent   | 1                                | Minus 3                            | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X59=      |        | OR | X518=     | 270    |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     | 270    |
| TOTAL     |        | OR | TOTAL     | 1250   |


SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X59=       |                 | OR | X518=      |                 |
| X40=       |                 | OR | X80=       |                 |
| +135=      |                 | OR | +270=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X59=       |                 | OR | X518=      |                 |
| X40=       |                 | OR | X80=       |                 |
| +135=      |                 | OR | +270=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X59=       |                 | OR | X518=      |                 |
| X40=       |                 | OR | X80=       |                 |
| +135=      |                 | OR | +270=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

| AMENDMENT TRANSMITTAL LETTER   |   |   |                                   | Docket No.<br>03891/000J678-US0 |                          |
|--|---|---|-----------------------------------|---------------------------------|--------------------------|
| Application No.<br>08/013,419  | Filing Date<br>August 8, 2001             | Examiner<br>P. M. Mertz                 | Art Unit<br>1648                  |                                 |                          |
| Applicant(s): Jamie Rossjohn   |   |   |                                   |                                 |                          |
| Invention: CYTOKINE-BINDING DOMAIN   |   |   |                                   |                                 |                          |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |                                 |                          |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                                 |                          |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                                 |                          |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                            |                          |
| Total Claims   | 33  | - 30 =                                  | 3                                 | x 50.00                         | 150.00                   |
| Independent<br>Claims  | 1   | - 3 =                                   |                                   | x                               |                          |
| Multiple Dependent Claims (check if applicable)  |   |   |                                   |                                 | <input type="checkbox"/> |
| Other fee (please specify):  |   |   |                                   |                                 |                          |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                                 | <b>150.00</b>            |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |   |                                   |                                 |                          |
| <input type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |                                 |                          |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>150.00</u> .<br>A duplicate copy of this sheet is enclosed.                          |   |   |                                   |                                 |                          |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |                                 |                          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                                 |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                                 |                          |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                                 |                          |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.18 and 1.17.   |   |   |                                   |                                 |                          |
| <br>Stephanie B. Amoroso, Ph.D.<br>Attorney Reg. No.: 51,401  |   |   |                                   | Dated: <u>April 29, 2005</u>    |                          |
| DARBY & DARBY P.C.<br>P.O. Box 5257<br>New York, New York 10150-5257<br>(212) 527-7865   |   |   |                                   |                                 |                          |

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